



INCORPORATED VILLAGE OF MALVERNE
BUILDING DEPARTMENT
99 CHURCH STREET, MALVERNE, NEW YORK 11565
OFFICE: 516-599-1200 x 113/114
FAX: 516-823-0767
COMMERCIAL BUILDING PERMIT INSTRUCTIONS

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

No application shall be deemed complete unless it meets the information requirements listed within these permit application instructions: **A \$250 application fee** due at the time of submission. Additional fees are due upon approval of the permit. A portion of the required additional permit fees are based on cost of construction as per current industry average construction costs. **All fees are non-refundable.**

**SEE PAGE TWO OF THIS PACKAGE FOR PRELIMINARY APPLICATION REVIEW
INFORMATION AND REQUIRED INFORMATION.**

Please note that as an alternative, permit applications can be filed electronically on the village website.

Typical Comprehensive Permit Application Packages include:

- Building Permit Application Form - provide all contractors information, requires notarized signatures.
- Commercial Nassau County Assessment Sheet – **MUST BE FILLED OUT AND SIGNED BY PROPERTY OWNER**
- Short Environmental Assessment Form
- Plumbing Application (s) – if plumbing work (gas, supply water, drainage).
- Electrical Application - if electrical work.
- HVAC permit application package – if HVAC work
- Design Professional's Affidavit A-6
- Applicant Affidavit A-5
- Truss/Pre-Engineered Lumber Form - if applicable
- Storm Water Management Permit Application if over 1 acre of land disturbance
- Applications / Permits inactive for six months will be voided
- All applications are subject to Village Architectural and Site Plan Review Board approval, as applicable. See page two for preliminary submittal.
- All applications are subject to Village Zoning Board of Appeals (ZBA), Planning and / or Special Use / Exception approval, as applicable. See page two for preliminary submittal.
- Refer to the Malverne Village Zoning Code and Building Code for further information.
- Applicable Subdivisions are to gain Nassau County and Village Planning Board approval prior to building permit approval.
- Signage / Awnings are filed under separate permits – requires ARB hearing approval
Can also be filed electronically on the village website.



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Examples of Typical Commercial Building Permit applications and their approval process include but are not limited to the following:

Please discuss your scope of work with the Building Dept. Superintendent so the building department can advise you of the required approvals.

New Buildings:

Step 1: Zoning and ARB preliminary review required - submit two sets of NYS R.A. or P.E. signed and sealed drawings of the proposed structure as required to construe the design. Typically includes, but not limited to, all floor plans, exterior elevations, cross section, fully detailed plot / site plan with parking and storm water management layouts, details and calculations, full zoning code analysis. Also include in this submittal building permit application, owners and design professional's affidavit, two (2) copies of a current, accurate, and legible survey of the property, Short Environmental Assessment Form

Step 2: Submit and gain Zoning Board, Planning Board, Special Use and ARB approvals, as applicable respectively - see other application instructions and or checklists.

Step 3: Submit two sets of NYS R.A. or P.E. signed and sealed final comprehensive construction drawings including plot / site plan. Must include full Building Code Analysis, two sets of signed and sealed Energy calculations with inspection checklists via ComCheck or equal.

Include Plumbing, HVAC, and Electrical Permit applications, as applicable.

A final survey for alteration in building(s) footprint is required prior to issuance of Certificate of Occupancy. Provide Application Approvals from Nassau County Fire Marshal office for Fire Sprinkler and Fire Alarm Systems, Nassau County Health Dept., Sewer, Nassau County Planning Commission, 239-F application, Provide Asbestos and Lead abatement, Special inspections affidavits, as applicable.

The following, but not limited to, are under separate permits: structure demolition, fire alarm, fire sprinkler, fences, tree removal, signage, sewage, gas and water connections, street openings.

Interior and Exterior Alterations:

Step 1: Zoning and ARB preliminary review required - submit two sets of NYS R.A. or P.E. signed and sealed drawings of the proposed alterations as required to construe the design. Typically includes, but not limited to, floor plans, exterior elevations, cross section, plot / site plan with parking layout and calculations, full zoning code analysis. Also include in this submittal building permit application, owners and design professional's affidavit, two (2) copies of a current, accurate, and legible survey of the property.

Step 2: Submit and gain Zoning Board, Special Use and ARB approvals as applicable respectively – see other application instructions and or checklists.

Step 3: Submit two sets of NYS R.A. or P.E. signed and sealed final construction drawings including plot / site plan. Must include Existing Building Code Analysis, two sets of signed and sealed Energy calculations via Comcheck with inspection checklists or equal, if applicable.

Provide Application Approvals from Nassau County Fire Marshal office for Fire Sprinkler and Fire Alarm Systems, Nassau County Health Dept., Nassau County Planning Commission.

Provide Asbestos and Lead abatement, Special inspections affidavits, as applicable.

Please contact the Building department if you shall have any questions.

January 2026



Incorporated Village of Malverne
99 Church Street, Malverne, New York 11565
(516) 599-1200 Fax (516) 823-0767

PERMIT PICK-UP:
Owner: _____
Contractor: _____
Applicant: _____

BUILDING PERMIT APPLICATION

Page 1 of 2

APPLICATION / PERMIT #: _____

IMPORTANT: THIS FORM MUST BE TYPEWRITTEN OR PRINTED LEGIBLY

THIS IS FOR (PLEASE CHECK ONE):

NEW WORK _____ MAINTAIN EXISTING _____ WORK STARTED / NOT COMPLETED _____

ADDRESS OF PROJECT _____

SECTION BLOCK LOT(S) _____

NAME & ADDRESS OF PROPERTY OWNER

NAME & ADDRESS OF APPLICANT

HOME PHONE _____

BUSINESS PHONE _____

CELL PHONE _____

CELL PHONE _____

EMAIL _____

EMAIL _____

SIGNATURE

SIGNATURE

Sworn to before me this _____ day of _____

Sworn to before me this _____ day of _____

NOTARY SIGNATURE

NOTARY SIGNATURE

SEAL:

SEAL:

DESCRIPTION OF PROJECT WORK:

COST OF CONSTRUCTION/ALTERATION (INDUSTRY STANDARDS) \$ _____



BUILDING PERMIT APPLICATION
Page 2 of 2

APPLICATION / PERMIT #: _____

DESIGN PROFESSIONAL: _____ PHONE NO. _____

ADDRESS: _____

EMAIL: _____

CONTRACTOR: _____ PHONE NO. _____

MALVERNE LIC. # _____ ADDRESS: _____

EMAIL: _____

PLUMBER: _____ PHONE NO. _____

MALVERNE LIC. # _____ ADDRESS: _____

EMAIL: _____

ELECTRICIAN: _____ PHONE NO. _____

MALVERNE LIC. # _____ ADDRESS: _____

EMAIL: _____

HVAC CONTRACTOR: _____ PHONE NO. _____

MALVERNE LIC. # _____ ADDRESS: _____

EMAIL: _____

FOR OFFICE USE ONLY

- APPLICATION FEE \$ _____
- PERMIT FEE \$ _____
- C/O - C/C FEE \$ _____
- MAINTAIN SURCHARGE \$ _____
- LETTER IN LIEU FEE \$ _____

APPROVAL STAMP

MALVERNE BUILDING DEPARTMENT APPLICATION

99 Church Street Malverne, NY Phone 516-599-1200 Fax 516-823-0767

SHORT ENVIRONMENTAL ASSESSMENT FORM

INSTRUCTIONS:

- In order to answer the questions in this short EAF it is assumed that the preparer will use currently available information concerning the project and the likely impacts of the action. It is not expected that additional studies, research, or other investigations will be undertaken.
- If any question has been answered "YES" the project may be significant and a completed Environmental Assessment Form is necessary.
- If all questions have been answered "NO" it is likely that this project is not significant.

ENVIRONMENTAL ASSESSMENT

1. Will project result in a large physical change to the project site or physically alter more than 10 acres of land? YES NO
2. Will there be a major change to any unique or unusual land form found on the site? YES NO
3. Will project alter or have a large effect on an existing body of water? YES NO
4. Will Project have a potentially large impact on ground water quality? YES NO
5. Will project significantly effect drainage flow on adjacent sites? YES NO
6. Will project affect any threatened or endangered plant or animal species? YES NO
7. Will project result in a major adverse effect on air quality? YES NO
8. Will project have a major effect on visual character of the community or scenic views of vistas known to be important to the community? YES NO
9. Will project adversely impact any site or structure of historic, pre-historic, or paleontological importance or any site designated as a critical environmental area by a local agency YES NO
10. Will project have a major effect on existing or future recreational opportunities? YES NO

11. Will project result in major traffic problems or cause a major effect to existing transportation systems? YES NO
12. Will project cause objectionable odors, noise, glare, vibration, electrical disturbance as a result of the projects operation? YES NO
13. Will project have any impact on public health or safety? YES NO
14. Will project affect the existing community by directly causing a growth in permanent population of more than 5% over a one year period or have a major negative effect on the character of the community or neighborhood? YES NO
15. Is there public controversy concerning the project? YES NO

PREPARER'S SIGNATURE: _____ TITLE: _____

REPRESENTING: _____ DATE: _____



**BUILDING PERMIT
COMMERCIAL OR MIXED USE
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

DATE REC'D

SECTION	BLOCK	LOT (S)	SCH DIST	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building	N.E.S.W. SIDE OF (OR CORNER OF)	N.E.S.W. SIDE OF
----------------------	---------------------------------	------------------

ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
---------------------	-----------	------------------

CITY, TOWN, VILLAGE	ZIP	CONTACT PERSON
---------------------	-----	----------------

ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR	ADDRESS
	<input type="checkbox"/> LESSEE	CITY, STATE, ZIP

DATE TO BEGIN	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
---------------	--------------------------------	-------

DATE TO COMPLETE	<input type="checkbox"/> STEEL	EMAIL
------------------	--------------------------------	-------

LOT SIZE S.F.	<input type="checkbox"/> MASONRY	Grouping or apportioning lots? Yes ___ No ___
---------------	----------------------------------	---

# BLDGS ON LOT	<input type="checkbox"/> OTHER	List existing lots:
----------------	--------------------------------	---------------------

DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)	Proposed lots:
--	----------------

CHECK ALL THAT APPLY	USE BY SIZE AND FLOOR
-----------------------------	------------------------------

- NEW BUILDING
- ADDITION (CHANGE IN S.F.)
- DEMOLITION
- ALTERATION (NO CHANGE IN S.F.)
- OTHER (Describe) _____
- FAÇADE
- BASEMENT RENO
- HVAC
- ROOF
- PLUMBING

	EXISTING S.F. AREA		PROPOSED S.F. AREA	
	Use	Size SF	Use	Size SF
BSMT	_____	_____	_____	_____
1ST	_____	_____	_____	_____
1ST	_____	_____	_____	_____
2ND	_____	_____	_____	_____
ADDNL FLOORS	_____	_____	_____	_____
TOTAL # FLOORS	_____	_____	_____	_____

List additional use below

	SIZE	QUANTITY
<input type="checkbox"/> ELEVATORS	_____	_____
<input type="checkbox"/> SPRINKLERS	_____	_____
<input type="checkbox"/> SOLAR	_____	_____
<input type="checkbox"/> ANTENNA	_____	_____
<input type="checkbox"/> BILLBOARD	_____	_____
<input type="checkbox"/> SATELLITE DISH	_____	_____

Residential		EXISTING # UNITS	PROPOSED # UNITS
<input type="checkbox"/> CO-OP			
<input type="checkbox"/> CONDO			
<input type="checkbox"/> RENTAL			
Studio	_____	_____	_____
1BDRM	_____	_____	_____
2BDRM	_____	_____	_____
3BDRM	_____	_____	_____
4 BDRM	_____	_____	_____
OTHER (Describe)	_____	_____	_____

DATE OF GRANTING OF PERMIT _____

Signature of Applicant/Contact Person

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Address of Applicant/Contact Person

Tele #

FIELD REPORT ON REVERSE



**BUILDING PERMIT
PUBLIC UTILITY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY
240 Old Country Road, Mineola, NY 11501**

DATE REC'D

Sec / Blk / Lot				PERMIT # / ISSUE DATE	
SECTION	BLOCK	LOT(S)			
NASSAU COUNTY USE ONLY:		Town Code	Company Code	Sch. Dist.	Lot
Property Location	N.E.S.W. SIDE OF (OR CORNER OF)			NAME OF BUSINESS/CONTRACTOR	
ADDRESS OF PROPERTY				Check one	
CITY, TOWN, VILLAGE			ZIP	OWNER <input type="checkbox"/>	CONTACT PERSON
Owner of Property				OR	ADDRESS
				LESSEE <input type="checkbox"/>	CITY, STATE, ZIP
OWNER'S NAME				PHONE	
ADDRESS OF PROPERTY				EMAIL	
CITY, STATE, ZIP				Building Classification - Circle Item Below	
PHONE				Residential _____ Commercial _____	
E-MAIL				Other (Specify) _____	
DESCRIPTION OF WORK (PLEASE PRINT CLEARLY):					
ESTIMATED COST OF CONSTRUCTION:			LOT SIZE S.F.	PRINCIPLE TYPE OF CONSTRUCTION	
			# BLDGS ON LOT	STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/>	
DATE TO BEGIN			DATE TO COMPLETE	POLES, WIRES, CABLES <input type="checkbox"/>	
Public Utilities			Cellular Communications (Wireless)		
			Carrier	Mounting Arrngmt	
Electric			AT&T	ROOF	
Pipelines			MetroPCS	MONOPOLE	
Private Water Co.			Nextel	SATELLITE DISH	
Muni Water Dist			Sprint	ANTENNA	
Cables/Wires/Fiber Optics			T-Mobile	WATER TOWER	
Telecomm (Landlines)			Verizon	LATTICE TOWER	
			Other	Other	
Tanks	Concrete	gal.	POWER PLANT <input type="checkbox"/>		Fuel Types: Natural Gas Diesel Fuel Turbine Other
Water	Steel	gal.	TYPE: _____		
Fuel	Aluminum	gal.	Model: _____		
Oil	Fiberglass	gal.	Capacity - MW : _____		
Other	Other	gal.	SPECIFICATIONS: _____		
<input type="checkbox"/> PIPELINE GATE VALVE			NOTES:		
<input type="checkbox"/> PREFAB SHELTER					
<input type="checkbox"/> NEW BUILDING					
<input type="checkbox"/> ADDITION					
<input type="checkbox"/> DEMOLITION					
<input type="checkbox"/> INTERIOR or EXTERIOR ALTERATION					
<input type="checkbox"/> AIR CONDITIONING / HVAC					
<input type="checkbox"/> ROOF					
<input type="checkbox"/> RETIREMENT OF EQUIPMENT					
<input type="checkbox"/> BACKUP GENERATOR KVA: _____					
<input type="checkbox"/> OTHER (Describe): _____					
SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING					
DATE OF GRANTING OF PERMIT _____				Signature of Applicant/Contact Person _____	
FIELD REPORT ON REVERSE				Address of Applicant/Contact Person _____	

ZONING CLASSIFICATION
TOWN
SCHOOL DISTRICT
SECTION
BLOCK
LOT(S)
DATE

AFFIDAVIT FROM DESIGN PROFESSIONAL

Date: _____

Owner(s): _____

Premises: _____, Malverne, New York

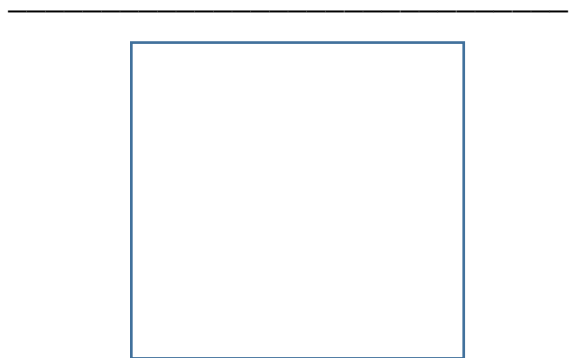
Section: ____ Block ____ Lot(s) ____

I, _____ R.A./P.E. on behalf of the owners of the above referenced property, submit the attached plans for review and the ultimate issuance of a building permit

I, _____ R.A./P.E., License No. _____, certify that I am a registered architect or professional engineer, duly licensed to practice in the State of New York and that I am regularly engaged in the practice of architecture or engineering. I certify that I am a principal of the firm.

Sworn to before me this

_____ day of _____ 20



R.A. / P.E. Seal

Incorporated Village of Malverne
MALVERNE BUILDING DEPARTMENT
99 Church Street Malverne, NY Phone 516-599-1200 Fax 516-823-0767

AFFIDAVIT FROM PROPERTY OWNER/APPLICANT

I, _____

owner of / applicant for (circle one)

_____ Malverne, New York,

have read and understand the instructions for submitting a building permit application.

Signature

Print Name

Print note: It is your responsibility to make sure that all necessary documents are correct and submitted on time.

ALL PENDING APPLICATIONS WILL EXPIRE 6 MONTHS FROM DATE OF SUBMISSION.